

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR/DIST./DIV. CODE ALM		2. PERSON REPRESENTED Saravia, Ryan		VOUCHER NUMBER																																																																																																																																						
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:5 -000207-005	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																																					
7. IN CASE/MATTER OF (Case Name) U.S. v. Saravia		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1956-65 01.F - MARIJUANA - SELL, DISTRIBUTE OR DISPENSE																																																																																																																																										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BRUNER, BEN E. 2835 ZELDA ROAD MONTGOMERY AL 36106 Telephone Number: (334) 323-4462			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears herein is appointed to represent this person in this case, or <input type="checkbox"/> Other (Specify on additional sheets) _____ Signature of Court Appointed Counsel or By Order of the Court: <i>[Signature]</i> 10/19/2005 Date of Appointment: _____ Nunc Pro Tunc Date: _____ Repayment for partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																							
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																										
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